Behavior and lifestyle play an important part in determining our health status and lifespan. Every day Alaskans make lifestyle choices that profoundly affect their health. Although heredity and environment play a part, the leading causes of death in Alaska (heart disease, cancer and unintentional injuries) are closely related to lifestyle factors. Lifestyle and behavioral factors that affect health include such things as diet, exercise, use of alcohol and tobacco, and preventive health practices. Many premature deaths and disabilities could be prevented through changes in lifestyle.

The Behavioral Risk Factor Surveillance System
The Alaska Department of Health and Social Services implemented the Behavioral Risk Factor Surveillance System (BRFSS) in 1990. In cooperation with the Federal Centers for Disease Control and Prevention, the system gathers information about the health related lifestyle choices of Alaskan adults. With knowledge of the health related risk taking behavior of Alaskan residents, we can better plan and evaluate programs aimed at promoting health and preventing chronic disease and premature death in this State. Today, 50 states participate in the BRFSS program. The program is part of an on-going data collection system.

Results are analyzed each year to improve our understanding of Alaskan health habits and to measure progress toward the National Year 2000 Health Objectives.

1996 Behavioral Risk Factor Survey Results
Beginning in January of 1996, 128 health interviews were conducted each month utilizing a standardized BRFSS questionnaire. The interviews were conducted over the telephone using randomly selected telephone numbers. Respondents were randomly selected from the adult members of the household (18 years of age and older). A total of 1,536 interviews were completed in 1996 by specially trained staff. This report highlights some of the information collected in 1996. These data have been analyzed by the Centers for Disease Control and Prevention and weighted to adjust the sample to represent the state population.

Health Status
In 1996, 26.9% of Alaskans reported their own health as “excellent” and 36.8% as “very good”. Another 28.0% of Alaskans rated their health “good”, 5.5% rated their health as “fair” and 2.8% rated their health as “poor”.

Although Alaskans tended to report their own health as favorable, survey results show many Alaskans have health risks which include a sedentary lifestyle, not eating enough fruits and vegetables, being overweight, and using alcohol and tobacco. In addition, many Alaskans lack health care coverage.

Prevalence of Behavioral Risk Factors Among Alaskan Adults in 1996

- Sedentary Lifestyle: 52.8%
- Overweight: 29.4%
- Smoking: 27.6%
- Binge Drinking: 18.9%
- No Health Care Plan: 20.7%
Physical Activity

The health benefits of physical activity are significant and can help prevent heart disease, hypertension, obesity and other problems. Of the adults surveyed, 25.4% did not exercise (no leisure time physical activity); 20.1% of men reported no exercise and 31.2% of women reported no exercise.

Sedentary Lifestyle

Sedentary Lifestyle: Almost half, or 52.8% of adults did not exercise or did not exercise regularly. Of males, 49.3% had a sedentary lifestyle, and of females, 56.8% had a sedentary lifestyle.

Definition for Sedentary Lifestyle: Respondents who report no leisure time physical activity or activity less than 20 minutes and fewer than three times a week.

Nutrition

Consumption of fruits and vegetables may reduce the risk of chronic diseases including some types of cancer, heart disease, and stroke. Increasing complex carbohydrate and fiber containing foods in the diets of adults to five of more daily servings of fruits and vegetables is one of the Year 2000 health goals for the nation. Among Alaskan adults, 26.2% consumed five or more servings of fruits and vegetables daily. Women were more likely to consume five or more servings than men (30.1% of females versus 22.6% of males).

Overweight

Overweight people are at increased risk for heart disease, diabetes and for certain types of cancer. Survey results indicate that 29.4% of Alaskan adults were overweight based on body mass index compared to the national year 2000 goal of 20%. Of males, 30.0% were overweight and among females, 28.7% were overweight.

Definition used for this survey: Body Mass Index (BMI): Females with body mass index (weight in kilograms divided by height in meters squared (w/h **2)>=27.3 and males with body mass index >= 27.8.
Alcohol Use

Excessive alcohol intake is related to 4 of the 10 leading causes of death in the United States - liver cirrhosis, motor vehicle deaths and other accidents, suicides and homicides. Acute or binge drinking was reported by 18.9% of adults. More males than females engaged in binge drinking (26.9% of males versus 10.0% of females). Chronic drinking was a risk factor for 3.6% of adults.

Definitions for this survey: Acute or binge drinking: Respondents who report having five or more drinks on an occasion, one or more times in the past month. Chronic Drinking: Respondents who report an average of 60 or more alcoholic drinks in the past month.

Tobacco Use

Cigarette Smoking

Cigarette smoking is the single most preventable cause of death and disease in our society. It is a risk factor for five of the ten leading causes of death. The prevalence of smoking among Alaskan adults was 27.6% compared to the national Year 2000 goal of 15%. The prevalence of smoking among males was 30.7% and among females was 24.1%.

Definition used for this survey: Respondents who have smoked at least 100 cigarettes in their entire life and now smoke.

Smokeless Tobacco

Among Alaskan adults, 4.1% reported using smokeless tobacco products such as chewing tobacco or snuff. More males than females reported using smokeless tobacco products (6.8% males versus 1.1% females).

Health Care Coverage

Many Alaskans lack access to an ongoing source of primary health care as well as to essential clinical preventive services. According to this survey, 14.2% of Alaskan adults did not have any health care plan. Among males, 16.8% had no health care plan, and among females 11.2% had no health care plan.

Revised estimates for Alaska (May 1999).
Health Check Ups
In 1996, 65.2% of Alaskan adults reported having been to the doctor for a routine check up during the past year. Among women, 76.7% had been to the doctor for a routine check up within the past year and among men, 54.7% had been to the doctor for a routine check up within the past year.

Among those surveyed, 13.5% had a routine check up between the past one to two years, 9.1% within the past two to five years, 9.5% had a routine check up over five years ago, and less than 1% had never had one.

Women’s Health
Early detection of breast cancer greatly improves a woman’s chance of survival. A combination of annual clinical breast examinations and mammography can reduce breast cancer mortality by about one third for women ages 50 and older.

Of women aged 40 and older, 87% report having ever had both a breast exam and a mammogram. Of women aged 50 and older, 69% report having had both a breast exam and a mammogram in the past two years.

The pap test is highly effective in detecting early cancer of the cervix and greatly reduces the risk of mortality from invasive cervical cancer. Of Alaskan females aged 18 and older, 95.4% have ever had a pap test and 92.0% have had a pap test within the past three years.

Diabetes
Diabetes is one of the most prevalent chronic conditions among Americans. It is a risk factor for other health problems and an underlying cause of some deaths. Among adults surveyed, 3.5% had been told by a doctor that they had diabetes.

HIV/AIDS
Health education, testing and risk reduction counseling are important steps to preventing the spread of HIV (the virus that causes AIDS).

Among Alaskan adults between the ages of 18 and 64, 46.5% had been tested for HIV. The reasons most people cited for being tested were to find out if they were infected (23.2%), for pregnancy test (16.9%), routine check up (15.8%), and military service (11.5%).

Of the 637 tested, 20.6% were tested at a military site and 25.7% were tested at a private physician’s office and 14.1% at a hospital or emergency room. Of those tested, 82.1% received the results of their HIV test. Of those that received results, 24.8% received post test counseling.

Most Alaskans between the ages of 18 and 64 believed their own chances of getting the AIDS virus were low or none. Among those surveyed, 1.9% thought their chances were high, 3.2% thought their chances were medium, 33.8% thought their chances were low and 59.0% thought they had no chance of getting the AIDS virus.

The majority (72%) of respondents (aged 18 to 64) thought that children in school should receive education about AIDS between kindergarten and 6th grade.

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This report was prepared by Patricia Owen, BRFSS Coordinator and Sunshine Brown, College Intern II.

More information can be found in the Alaska Behavioral Risk Factor Survey, Annual Reports. To receive a copy of any BRFSS report, contact the Alaska Department of Health and Social Services, Division of Public Health, Section of Community Health and Emergency Medical Services, Health Promotion Program, P.O. Box 110616, Juneau, Alaska 99811-0616. Telephone 907-465-3140. E-mail: BRFSS@health.state.ak.us

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National Year 2000 Goals are found in Healthy People 2000, National Health Promotion and Disease Prevention Objectives; U.S. Department of Health and Human Services, Public Health Service, DHHS Publication No. (PHS) 91-50212.